

Roanoke County Emergency Communications Center Citizen Complaint Form

INSTRUCTIONS FOR COM	MPLAIN	JANT: Prepare this	report	in your own ha	indwriting	;•	
Complainant's Name		Address	1		Telepl	Telephone #	
Please fill in the following four	r items, i		on to a		Department	contacting you at your place of	
Employer	Business Address		Oc	Occupation		Telephone #	
Date and Time Reported			Lo	Location Where Received			
How was Compliant Made:		Person		Mail		Phone	
Name of Person Asst. Com	plainant	Address			Telepho	ne#	
Name of Employee: (if unkn foot, auto, detective, etc)	lown, pr	ovide description of	f the O	fficer / Employ	ee and typ	pe pf duty performed; ex.	
1000, 4000, 4000, 1				Unit #			
Date and Time of Occurrence			Lo	Location of Occurrence			
Name of Witness	e of Witness Address		Relationship			Telephone #	
Details of complaint (in you please attach separate sheet		vriting), give a brief	f descr	iption of what h	nappened.	If additional space is needed	
G: AG : D ::					Tar	0.0	
Signature of Supervisor Receiving	ıg Compla	Signature of Per	son Ass	isting Complaint	Signature	e of Complainant	

RCECC-19 01/08